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NUTRITION COMMITTEE NEWS

For exchange of
information on
nutrition education and
school lunch activities

U. S. DEPARTMENT OF AGRICULTURE, Washington, D. C.

JULY-AUGUST 1960

COMMUNITY NUTRITION PROGRAMS

Reports of successful programs, initiated to improve the nutrition of people in all walks and conditions of life, usually reveal that they are the result of the cooperative efforts of all concerned community groups. This has been found repeatedly regardless of the economic and social status of the community or which interested group within the community starts the program. Nutrition committees with wide representation from related disciplines have efficiently coordinated and directed activities toward desirable goals in many differing situations.

In this issue of Nutrition Committee News we describe two very different community situations in which nutrition programs were initiated. In one, Dona Elena, Puerto Rico, the program was started by a nutrition committee while in Hugo, Oklahoma, the program had its inception in the schools. In both communities, (1) the program was designed around the nutritional and related needs of the individuals in the community; (2) a committee representing available community resources was organized to provide local leadership; and (3) changes brought about by their coordinated efforts inspired the initiators to continue and extend their program.

DONA ELENA, PUERTO RICO

The purpose

The Puerto Rico Nutrition Committee, aware of the more than 300 poor and relatively inaccessible rural communities in Puerto Rico, made a plan in 1958 to demonstrate the effects of good nutrition on the physical well-being of the people, especially the children.

The community

Dona Elena, a sub-barrio in Comerio, was selected for study because of its similarity to the other poor rural communities and the ease with which it could be studied. It

was a small rural community of 100 families. The people were relatively poor; there were no large landholders. No other project was underway in the community which would complicate evaluation of the program.

The plan

The original plan was to make a comprehensive study of the problems concerning food and nutrition in one community, the findings of which could be adapted to many similar communities. In the light of survey findings, this was later revised to include other problems of rural family living. The program was planned to include (1) an initial survey of conditions related to food and nutrition in every home in the selected area, (2) determination of nutritional status of children by medical examinations, (3) height and weight measurements and other aspects of physical status of school children, (4) a combined educational and feeding program centered in the school, and (5) a resurvey and physical checkup at the end of a year.

Survey findings

Dona Elena had a population in 1958 of 728 persons, nearly half of whom lived in families of 10 or more. The educational level was low—one-third of all persons 11 years of age or over could not read or write. Nearly three-fourths of the families earned their living from farming. The annual average money income was about \$570 per family; 22 had less than \$200.

The chief crop was tobacco but some starchy vegetables (viandas) such as bananas, batata blanca (white potato), and yautia (a root vegetable) were grown by most families for home use, some were sold. Only six families had some garden vegetables although 75 had space for vegetable gardens. Some families raised cows, chickens, or pigs.

Diets consisted largely of rice, beans, viandas, and cod-

fish supplemented with lard, sugar, and coffee. Some fruit was available to most families. Many, 67 percent, had less than a pint of milk per person.

Housing facilities were extremely poor. Fifty-three percent of the families had only one or two rooms and 93 percent cooked on three stones. Most families had to carry water a long distance. Only 3 percent of the houses had eaves so that rainwater might be collected in drums.

There were other important problems which would limit a nutrition education program unless some action were taken to overcome them. Roads, were needed to take produce to market, to bring in supplies, and to permit children to get to school with comparative ease. Electric lights were needed and even more important a source of safe drinking water, and problems of sanitation cried for attention—92 percent of the families were without latrines.

Services rendered the community by Government included schooling for children. Two teachers were working with 90 children on a half-day session plan. A small lunchroom with limited facilities provided a noon meal for children. No other agency had any organized contact with the community.

All the school children in Dona Elena were examined for nutritional deficiencies by a physician from the Institute of Nutrition Sciences, School of Public Health and Administrative Sciences, Columbia University, assisted by local pediatricians. Expenses of the visiting physician were borne by the Williams-Waterman Research Fund.

A group of school children in a similar community were matched with a group of selected Dona Elena children. They were weighed and measured, given the same medical examination, and compared with Dona Elena youngsters at the beginning of the project and again a year later—this was their only contact with the program. There were 41 matched pairs of boys and 36 matched pairs of girls when the project started.

The goals

Findings of the initial survey resulted in the formulation of the following specific goals:

(1) To concentrate especially on improving the nutrition of school children by (a) serving three meals a day at school, (b) including nutrition education in classroom programs, and (c) teaching parents in group meetings about the food needs of their children.

(2) To increase home production of foods by encouraging each family to have (a) a garden with green and yellow vegetables, yellow sweetpotatoes, and gandules (a

legume) as well as some fruit trees, (b) a better breed of hens to increase the egg supply, (c) a source of meat, and (d) a better breed of cows to increase the milk supply.

(3) To improve housing by (a) repairing or replacing poor kitchens, (b) replacing three-stone cooking with smokeless clay or cement stoves, (c) providing eaves to facilitate the collection of rainwater, and (d) building a latrine for every home.

(4) To help obtain electric lights and a road.

The program

The official sponsoring agency was the Puerto Rico Nutrition Committee. Initial visits to families to obtain needed information were made by nutritionists and home economists from the Puerto Rico Department of Health, the School Lunch Program, the schools, and students from the University of Puerto Rico.

Local sponsors assumed responsibility for specific facets of the program. For example, the superintendent of schools in Comerio gave administrative assistance with the school program. The Mayor of Comerio talked to the people, worked on the problem of securing a road, and even loaned his jeep to workers on the project.

The staff at the project included a nutritionist who was in charge of the school feeding program, the weighing and measuring of the children, the nutrition education of school children and their mothers, and many related details. The nutritionist's brother, an agronomist, supervised the food production program, helped to interpret the program, and did countless other jobs as they arose. These two workers lived in the community and became a part of it.

The school was divided into three rooms and one teacher was added to the staff. A new lunchroom was built and equipped and extra workers were hired. The school yard was graveled to provide a play area that was not wet and muddy from frequent rains.

Meetings were held to acquaint the people with the plan—its objectives and proposed procedures. Results of medical examinations were reported and their relationship to diet explained. Foods needed to remove the existing deficiencies were listed and plans were made for future meetings to learn how to secure the foods.

Results after 1 year

A resurvey revealed gratifying tangible results. Children had a full-day school session which included three carefully planned meals. Food for these meals was supplied by the Agricultural Marketing Service (donated foods) and the local Board of Education. Home food production was

increased, several families had smokeless clay or cement stoves, and almost two-thirds of the families were collecting rain water in drums. Many families had electric lights and practically all had built latrines. Roads had been bulldozed and the building of a hard-surfaced road had been approved. The most valuable community results were reflected in the spirit and the interest of the people and their desire to improve living conditions.

The progress of the children can best be seen in the comparison of the measurements of height and weight of the matched groups. On the average Dona Elena children did better than the control group. Many children did not do as well as might have been expected.

Investigation revealed that most children were heavily infested with intestinal parasites which limited the effects of improved nutrition. Treatment was started toward the end of the year and improvement should be evident at a later evaluation.

Long distances, rainy weather, bad roads, lack of sufficient clothing, and the need to work on farms resulted in poor school attendance by many children and consequently less food for them. Further improvements in living conditions should be reflected in school attendance and in the nutritional status of the children.

Program in 1959-1960

The Puerto Rico nutrition committee, realizing that leadership should eventually come from within the community, encouraged local workers to assume more responsibilities with consultant help from project workers. A council of workers in local agencies was organized. Membership included school teachers, local project workers, Agricultural Extension farm and home agents assigned to the area, the nurse from the children's clinic, the community organizer, the local priest, and the chairman of the community council. The purpose of the council was to have each worker comprehend the total needs of the community so that he might work in the area of his specialty and, at the same time, reinforce the work of others.

Experience and the accomplishments of the first year indicated some changes as well as some additions in procedures for the second year's program.

Breakfast and lunch were again served in school but instead of supper, a sandwich, milk, and fruit were served at the close of the school day so that children could get home with less delay. With consultant help from the nutritionist, teachers assumed most of the responsibility for

planning and supervising meals and keeping records. Teachers were also taught how to take accurate measurements. They weighed children every 2 weeks and measured height monthly.

A monthly clinic for infants and preschool children was started with 93 children listed as needing the service. A nutrition history was taken for each child, mothers were instructed in child care and feeding, and records were kept on growth and general health progress.

Nutrition was taught in the school, in boys' and girls' clubs, and to adults in general meetings, area meetings, and in the homes. Special emphasis was given to feeding children at home. Demonstrations of good breakfasts were given and parents were instructed in the value of three good meals daily for all children at home and for school children on weekends and holidays.

The work on home improvement and increasing the food supply continued. Attention was also given to suggesting means of increasing family incomes. For example, tobacco provides the main source of income but does not insure a decent living even for landholders. However, many *agi* (small hot peppers) could be raised on a relatively small plot; the price per pound is high (at least in the off-season); there is a market not too far distant; and the amount that could be transported by horseback or on a man's back, would bring greater returns than a similar load of tobacco. Other possibilities were also explored.

Evaluation

Those concerned with the project feel that objectives for work in rural communities in Puerto Rico have been clarified and techniques for working toward specific goals have been developed.

Evaluation of the second year's work and specific evidence of results that demonstrate the value of improved nutrition to the health and well-being of all people in the community, especially the children, are not now available for publication. A formal report of the entire project is now being prepared by Doctor Lydia J. Roberts of the University of Puerto Rico.

HUGO, OKLAHOMA

A need is suspected

Early in the 1959-60 academic year, teachers, health workers, and school lunch personnel in the Hugo, Oklahoma, schools observed that many of their school children did not display the health and exuberance usually associated

with youth. They noticed drowsy children in the elementary school having difficulty getting through the morning's work. Many high school students were restless and seemed to lack interest in their studies. Too many pupils at all grade levels were absent from school because of minor illnesses such as colds and sore throat. Dental and skin problems were appearing in increasing numbers of pupils as well as problems of overweight and underweight.

Workers were amazed to find so many indications of inadequate nutrition in a community where food was abundant among families of moderate and moderately high incomes and good educational background. Recognizing that these conditions may or may not be nutritional in nature, a plan was made to study the situation and if nutritional inadequacy existed, to determine its extent.

Survey confirmed the prediction

A recent food habit survey of 1,200 Oklahoma school children, the cooperative project of Vocational Home Economics, the School Lunch Division of the State Board of Education and the Oklahoma Board of Health, had revealed that food eaten by teenagers in the State did not meet recommended dietary allowances of the National Research Council. School personnel in Hugo with consultant help from area advisers for the School Lunch Program and the State nutrition consultant made a survey to learn whether Hugo school children were eating as poorly as indicated by the State survey.

Food records were kept of all foods and beverages consumed in a 24-hour period by 169 students. Girls in the 6th, 9th, and 11th grades were studied as well as a class of boys enrolled in homemaking. Before the records were made, the students were assured that the study was of the group rather than of individuals. The students' names and parents' occupation were recorded on detachable cards. To help in estimating amounts of food eaten, a tray of measured glasses, bowls, and pieces of cardboard of various shapes were assembled.

When completed, the students' records were checked for omissions or questionable items by an area school lunch supervisor, a nutrition consultant, or a dietetic intern.

Records were tabulated by means of a card punch machine at the Computer Laboratory, Oklahoma University. The machine results provided information of two kinds. A listing gave the identifying data for each student and the percent of National Research Council's (NRC) Recommended Daily Allowances (RDA) for nine nutrients provided by his diet. Results were also given in terms of

numbers of students whose diets fell into four categories for each nutrient; namely, 0-33 percent, 34-66 percent, 67-100 percent, and over 100 percent of NRC-RDA. The findings were strikingly similar to others in the State and Nation.

School lunch evaluated

A careful evaluation was made of the school lunch menus to determine their contribution to the diet of school children. The area advisers weighed portions of the foods served and the nutrient values of the lunches were calculated. Results showed that the lunches provided the children with an average of one-third of the RDA for all nutrients and almost half of the RDA for some. When these results were compared with the individual food records, it was obvious that students had a better chance of meeting the RDA when they ate the Type A lunch served in the school cafeteria than if they had purchased snack lunches elsewhere.

Results showed that the girls, especially, were eating less than the RDA of some of the key nutrients needed for good health. It appeared that as these girls grew older their food habits became increasingly poor. Milk was one of the important foods sacrificed by teenage girls while little change was noted in the milk drinking habits of the boys.

At least 92 percent of the pupils reported eating snacks. Only a fifth of these, however, were milk or milk products. For the most part, snacks provided little other than calories. In fact, some children were spending more per day for snacks and snack lunches than a Type A lunch would have cost. School personnel decided that emphasis on money management was also needed.

Results interpreted and publicized

An exhibit showing the results of the study was prepared for the State Conference of Vocational Homemaking Teachers. Another was shown at the County Fair. Talks on study findings were given to such groups as elementary teachers and principals, county and local lunchroom workers, Rotary and Lions Clubs, PTA groups, county agricultural workers, County Council of Home Demonstration Clubs, chapters of Future Homemakers of America, and Rural Development Clubs.

Action in the school

Since the study indicated the school lunch to be important to children, every effort was made to provide at a reasonable price a nutritionally desirable lunch that children would

eat with enjoyment. Principals cooperated by scheduling longer lunch periods so that good eating habits might be encouraged.

Nutrition activities were integrated into classroom programs at all grade levels so that children might learn that food makes a difference in the health of the individual and might be inspired to improve faulty food practices. For example, general science and biology teachers reinforced the total nutrition program by conducting animal feeding demonstrations that were as dramatically convincing to adults as to children.

Action in the community

The program, started in the school, was projected into the community. "Spots" on the radio were broadcast daily during the remainder of the school year. One broadcast was made on the hour during the day and on the half hour during the evening. Comments were made by students at all grade levels and by teachers, lunchroom supervisors, dentists, parents, civic leaders, and area lunchroom supervisors.

A nutrition class for adults was held and parents were contacted through talks given to Rural Development Clubs throughout the county. Those involved in the program feel that this community activity resulted in greater support and participation in the school lunch program.

Informal evaluation

Although a formal evaluation of the program has not yet been reported, evidences of progress were noted by those involved in the program.

Administrators, Board of Education members, and civic leaders have shown increased interest and willingness to cooperate in the nutrition education program.

School lunch workers and teachers worked together and increased understanding of each other's objectives, procedures, and problems resulted.

Many elementary teachers evinced interest in nutrition education and initiated classroom activities, with the help of homemaking teachers, as the program progressed.

Individuals requested help with personal nutrition problems.

Increased participation in the school lunch program and decreased food waste in the lunchroom indicate improvement in the eating habits of school children.

Adult groups in the community such as Parent-Teachers Association and Rural Development clubs had programs

to acquaint members with the nutrition education program and to develop means of reinforcing the school program with home activities.

An on-going program

Plans were formulated to organize a nutrition committee with wide representation to insure continuance of the program and to (1) integrate more nutrition into the school curriculum, (2) make periodic contributions to the press and local radio station, and (3) publish a follow-up report to parents and the community. Pictures of activities are being collected to illustrate the report. Colored slides are also being made to help interpret objectives and procedures. The formulators of the program in Hugo believe the development and initiation of a plan of action this year will provide the basis for greater progress next year toward reducing the gap between "knowing and doing."

INTERAGENCY COMMITTEE ON NUTRITION EDUCATION AND SCHOOL LUNCH (ICNESL)

Agencies and Their Representatives 1960-61 Department of Health, Education, and Welfare

Office of Education:

Division of State and Local School Systems, Instruction Organization and Service Branch—Elsa Schneider, Chairman, ICNESL; Dr. Helen K. Mackintosh.

Division of Vocational Education, Home Economics Education Branch—Dr. Berenice Mallory, Mildred Reel.

Social Security Administration:

Children's Bureau—Mary C. Egan, Mrs. Helen M. Hille.

Public Health Service:

Division of Special Health Services—Marjorie Cantoni, Geraldine Piper.

Division of Indian Health—Helen Ger Olson, Dr. Bertlyn Bosley.

Department of Agriculture

Agricultural Marketing Service:

Food Distribution Division, School Lunch Branch—Mrs. Bertha Olsen, Mary Ann Moss, Hugh R. Gallagher.

Agricultural Research Service:

Institute of Home Economics—Dr. Eloise Cofer, Vice Chairman ICNESL, Dr. Mary M. Hill.

Federal Extension Service:

Division of Home Economics Programs—Dr. Evelyn B. Spindler, Mary Kennington, Helen A. Strow.

Foreign Agricultural Service:

Foreign Training Division—Ruth Ethridge, Gertrude Drinker.

Department of the Interior

Fish and Wildlife Service:

Bureau of Commercial Fisheries—Mrs. Rose G. Kerr, Mrs. Paula W. Lemmon.

Bureau of Indian Affairs:

Branch of Education—Norma Runyan, Mrs. Almira D. Franchville.

International Cooperation Administration

Office of Food and Agriculture:

Institutions Branch—Dr. Katharine Holtzclaw.

American National Red Cross

Dorothy L. Bovee, Mrs. Kester L. Hastings.

Food and Agriculture Organization of the United Nations

North American Regional Office:

Mrs. Dulce Bocobo.

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Georgia—Jane Wentworth, Georgia Experiment Station, Experiment.

Illinois, State—Dr. Dorothy Lucke, Northern Illinois University, De Kalb.

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Indiana—Dr. Helen Clark, Professor of Nutrition, School of Home Economics, Purdue University, Lafayette.

Kansas—Conie C. Foote, Director, Nutrition Section, Kansas State Board of Health, Topeka.

Maine—Avis Hughey, Department of Education, State House, Augusta.

Massachusetts (Subcommittee of the Central Health Council)—Emma Wetherbee May, Nutrition Supervisor, State Department of Health, 88 Broad Street, Boston 10.

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New Jersey—Asta Packard, 76 North Bridge Street, Somerville.

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Rhode Island—Dorothy Bailey, Box 4, State Hospital, Howard.

South Carolina—Dr. D. W. Watkins, State Grange, Clemson.

Texas—Dr. Mina W. Lamb, Head, Department of Foods and Nutrition, Texas Technological College, Lubbock.

Utah—Gladys Jordan, Home Economics Department, University of Utah, Salt Lake City 1.

Vermont—Dr. Merton Lamden, College of Medicine, University of Vermont, Burlington.

Virginia (Subcommittee of Virginia Council of Health and Medical Care)—Mabel Todd, Director Nutrition Services, Virginia Department of Health, Richmond 19.

Washington—Dr. Velma Phillips, Dean, College of Home Economics, State College of Washington, Pullman.

West Virginia—Marian B. Cornell, Director, Bureau of Nutrition, West Virginia Department of Health, Charleston 5.

Puerto Rico—Virgilio Rabainne, AMS, Food Distribution Division, U. S. Department Agriculture, Segarra Building, Santurce, Puerto Rico.

MATERIALS

Listing of these materials is for the information of readers and does not necessarily mean recommendation. Materials or information on them may be obtained from the addresses given. Symbols refer to—

GPO—Superintendent of Documents, Government Printing Office, Washington 25, D. C.

INF—Office of Information, U. S. Department of Agriculture, Washington 25, D. C.

Applied Nutrition

Food that will meet the needs of healthy children from 1-6. 1959. Pa. Dept. Health, Division of Nutrition. Harrisburg.

Food for your child. 1959. Leaflet. Pa. Dept. Health (Division of Maternal and Child Health, Crippled Children's Section) Division of Nutrition. Harrisburg.

Your food choices for good looks and pep. 1959. Extension Service, College of Agriculture. Rutgers. The State University, New Brunswick, N. J.

Your food choices. 7 pp. 1959. Extension Bul. 326. Extension Service, College of Agr. Rutgers. The State University, New Brunswick, N. J.

Food for families with school children. 24 pp. Rev. 1960. U. S. Dept. Agr. Home and Garden Bul. 13. INF.

Food for the family with young children. 16 pp. Rev. 1960. U. S. Dept. Agr. Home and Garden Bul. 5. INF.

Family fare—food management and recipes. 96 pp. Rev. 1960. U. S. Dept. Agr. Home and Garden Bul. 1. INF.

Maintaining normal weight. Irene H. Wolgamot. 16 pp. 1958. Extension Bul. 292. Extension Service, College of Agr. Rutgers. The State University, New Brunswick, N. J.

Teen-age nutrition quiz. 1960. 3 pp. N. J. Department of Health. (Prepared by N. J. Nutrition Council.)

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Nutrition books for lay readers (guide to reliable vs. unreliable ones). Helen S. Mitchell, Dean, School of Home Economics, University of Mass. The Library Journal, Feb. 15, 1960.

Nutrition education in the school, home, and community. 82 pp. 1960. Oklahoma Department of Education. Home Economics Division, Oklahoma City.

Nutrition in Government

Food and Nutrition Services of Federal and quasi-federal agencies of the United States. Rev. 1960. U. S. Dept. Agr., ARS 62-9. Agr. Res. Serv., Washington 25.

Food—Production

Food for the future—through research. 31 pp. 1960. U. S. Dept. Agr. Agr. Inf. Bul. 220. INF.

Food—Additives

Principles and procedures for evaluating food additives. 9 pp. 1959. Food Protection Committee. Food and Nutrition Board. Publ. 750. National Academy of Sciences—National Research Council. Washington, D. C.

Problems in the evaluation of carcinogenic hazard from use of food additives. 43 pp. 1959. Food Protection Committee. Food and Nutrition Board. Publ. 749. National Academy of Sciences—National Research Council. Washington, D. C.

Food—Preparation

Nu-tricks with liver. 7 pp. 1959. New Jersey State Dept. Health. Trenton.

Food—Purchasing

Preferences of chain food store shoppers in buying chicken. 1959. Texas Agricultural Experiment Station. College Station, Tex.

What consumers should know about food standards. U. S. Dept. Health, Education, and Welfare. Food and Drug Admin. Washington 25, D. C.

Wise use of food dollar. Irene H. Wolgamot. Rutgers Univ. Exten. Service Series:

Plan before buying. Leaflet 215. 8 pp. 1957.

Know your protein foods: Meat and fish. Leaflet 216. 8 pp. 1957.

Know your protein foods: Poultry, eggs, milk and cheese. Leaflet 226. 8 pp. 1958.

Make good buys in fruits and vegetables. Leaflet 227. 8 pp. 1958.

Read the label. 36 pp. 1960. Food and Drug Administration. GPO. \$0.20.

What Consumers should know about food additives. 16 pp. 1960. Food and Drug Administration. Leaflet 10. Washington 25, D. C.

Civil Defense

Survive nuclear attack. 23 pp. 1959. Office of Civil and Defense Mobilization. Available through local civil defense organizations.

The family fallout shelter. 33 pp. 1959. MP 15. Office of Civil and Defense Mobilization. GPO. \$0.10.

Institution Management

Manual of forms and procedures for use by homes for the aged—dietary service. 1959. Federation of Protestant Welfare Agencies, Inc., 251 Fourth Avenue, New York 10, N. Y. \$0.50.

Menu-maker for homes for the aged. Reissued 1958. Federation of Protestant Welfare Agencies, Inc., 251 Fourth Avenue, New York 10, N. Y. \$0.50.

Food service survey in Seattle—King County nursing homes. Dorothy F. Conway. Nutritionist. Seattle—King County Dept. of Public Health. 1959.

Guide for feeding children in institutions. 1959. Arizona Dept. Health. Phoenix.

Personnel, facilities, and procedures of dietary departments in the general hospitals of Minnesota. 26 pp. 1959. Hospital services study, Minnesota Dept. Health. Minneapolis 14.

New Jersey State Diet Manual (Project of Diet Therapy Section, N. J. Dietet. Assoc.). 1959. Published by N. J. Dept. Health. Trenton.

Budgeting and Management

Quantity and cost budgets for two income levels. (Prices for the San Francisco Bay Area, Sept. 1959.) Issued by the Heller Committee for research in social economics, University of Calif., Berkeley. 1960.

Nutrition Publications in Spanish

Nutricion al dia. 8 pp. (Official bulletin of Puerto Rico Nutrition Committee) published by Puerto Rico Department of Health, San Juan, 1959.

Alimentos para su dieta baja en sodio. 18 pp. Puerto Rico Department of Health, San Juan, 1958.

Guia para pacientes diabeticos. 20 pp. Puerto Rico Department of Health, San Juan, 1958.

Receta libra—recipe book (English and Spanish.) 57 pp. 1959. Minn. Dept. of Health. Minneapolis 14.

Yo soy la senora Estrella Economica con un Plan para los alimentos de usted y su familia. 16 pp. 1959. Cook County Dept. Public Aid and Chicago Heart Assoc. Available in English and Spanish from Cook County Dept. Public Aid, 69 W. Washington St., Chicago 2, Ill.

White House Conference on Children and Youth, 1960

The following materials available as long as supply lasts from White House Conference on Children and Youth, Division of Publications, 330 Independence Ave., S. W., Washington 25, D. C. (Add 12 percent of total cost for postage and handling. Send remittance with order.)

The nation's children (3 vol.). \$6.

Children in a changing world. \$1.25.

Focus on children and youth (report of National Organizations). \$1.50.

The States report on children and youth (report of State committees). \$1.50.

Conference proceedings (to be mailed late in the summer, 1960). \$2.25.

(Package price for the above five materials, \$10.)

Reference papers on children and youth. \$1.50.

Children and youth in the 1960's. \$2.

Information sheets on children and youth. \$1.25.

Recommendations—composite report of forum findings. 1960. White House Conference on Children and Youth. GPO. \$0.35.

Visual Aids

Food for life—11 min. sound, color, Nutrition during pregnancy. Address inquiries to Michigan Dept. Health, Lansing 4. \$1.

Evelyn B. Spindler presents the Oopsies (Weight control). U. S. Dept. Agr., Federal Extension Serv. 1959. Order from Division of Photography, INF. One set of 22 slides, \$11, three or more sets, \$8.80 per set.

Vocational rehabilitation of handicapped homemakers (lists of films, publications, exhibits). 1959. Home Economics Research Center, University of Conn., Storrs.

Motion pictures on civil defense. Rev. 1959. Motion Picture Division, Office of Civil and Defense Mobilization, Battle Creek, Mich.

BACK ISSUES OF NCN

Many of our readers request extra issues of NCN for use in workshops, institutes, and other work in the field. We are pleased to fill these requests when the supply permits. Following is list of available back issues of NCN.

*Nutrition Activities in Colleges, Nov.-Dec. 1957.

*What's Happening to USA Food Consumption? May-June 1958.

*Some Organized Efforts in Nutrition, Nov. 1958-Dec. 1959.

*Feeding Older Folks in Institutions, Sept.-Dec. 1959.

NUTRITION AND DENTAL HEALTH

The last issue of NCN on nutrition and dental health was published in 1952. We would like to round up the interesting activities in this area since then and report them.

If you have cooperated in such activities and are willing to share your experiences with others, please send us a detailed description of your work for possible inclusion in our article. You need not prepare a polished account. If we can use it, this can be done as we weave your story into the complete article.

Mary M. Hill

Nutrition Recommendations--1960 White House Conference on Children and Youth

Participants of the 1960 White House Conference learned that nutrition is a factor in many areas concerned with the health and welfare of children and youth. The composite report of forum findings, issued by the 1960 White House Conference on Children and Youth, includes recommendations which have nutritional implications. They are stated in the published list as follows:

Education

- *That the school curriculum include (among other recommendations)...health education and nutrition at the junior high level.
- *That the physical facilities of every school be designed to provide...lunchroom facilities...
- *That each community reevaluate its school health services in the light of specific needs for--
 - improved instruction in health education, including nutrition, child development and physical education with more health teaching and counseling.
 - a school lunch program with Federal funds to supplement community resources.

Welfare Services

- *That the States insure maximum use of the Federal Surplus Commodity Act by their health, welfare, housing, and recreational programs, in order to make surplus food available to children who need it.

Physical Health and Medical Services

- *That pregnant women be provided with good obstetrical care and protected from... dietary deficiencies, and any other conditions which may damage the fetus or cause premature birth and possible mental retardation.
- *That information programs be developed to--
 - educate adolescents in sound nutritional attitudes and practices.
 - emphasize to adolescent girls the importance of nutrition in preparation for motherhood.
 - inform parents and others in charge of feeding children, of nutrition requirements as recommended by professional authorities for the growth and development of children.
 - alert parents to the dangers of fad diets and excessive intake of certain vitamins and "health foods."

The Mentally Handicapped

- *That programs for the early diagnosis and treatment of conditions such as phenylketonuria, craniostenosis, hypothyroidism, and blood factor incompatibilities be made available through public health services or hospital laboratories in order to prevent some mental deficiencies.
- *That special attention be paid to the care and treatment of mentally retarded children in deprived and underprivileged groups, and particularly to preventing socially determined mental retardation through improving the economic, social, educational, and nutritional situation.

The Migrant

- *That communities depending on migrant labor--organize classes in family care and nutrition for migrant mothers, taking account of cultural patterns.

These recommendations should serve as a guide for nutritionists and workers in related fields as they serve on planning committees for the development of school or community action programs.

